PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/518150

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL EI | SMALL ENTITY TYPE | | OTHER THAN / SMALL ENTITY | |
|--|--|---|--|--|---|------------------------------|-----------------------------------|------------------------|----------|--|------------------------|
| U.S | . NATIONAL | STAGE FEES | | | | · | RATE | FEE |] | RATE | FEE |
| BAS | SIC FEE | | SMALL EN | IT. = \$ 150 | LARGE ENT. = \$ 300 | | BASIC FEE | 1 | OR | BASIC FEE | 7 00 |
| EXAMINATION FEE . | | | Satisfies PCT (4) = \$5 | | All other situations = \$ 100 / \$ 200 | | EXAM. FEE | † | | EXAM. FEE | 300 |
| SEARCH FEE | | | U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400 | | All other situations \$ 250 / \$ 500 | | SEARCH FEE | | 1 | SEARCH FEE | 200 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | / 50 = | | X \$ 125 = | | 1 | X \$ 250 = | |
| тот | AL CHARGEA | BLE CLAIMS 11 | 19 " | ninus 20 = | • | | X \$ 25 = | <u> </u> | OR | X \$ 50 = | |
| IND | EPENDENT CL | LAIMS | 2 | minus 3 = | * | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | IDENT CLAIM PR | ESENT | | | | + \$ 180 = | † | OR | + \$ 360 = | 360 |
| * If the difference in column 1 is less than zero, enter "0" | | | | | | olumn 2 | TOTAL | | OR | TOTAL | 1260 |
| AMENDMENT A | Total Independent | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | Minus Minus | (Colur HIGH NUMI PREVIC PAID | mn 2) EST BER DUSLY FOR | (Column 3) PRESENT EXTRA = | X \$ 25 = X \$ 100 = + \$ 180 = | ADDI- TIONAL FEE | OR OR OR | OTHER SMALL E RATE X \$ 50 = X \$ 200 = + \$ 360 = TOTAL ADDIT. | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | |
| | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUME PREVIO PAID F | BER USLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | · | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | TOTAL ADDIT FEE | | OR | TOTAL ADDIT. FEE | |
| | | | | | | | | | | | |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.